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B22A (Official Form 22A) (Chapter 7) (01/08)

In re	Johnathan Hale	
	Debtor(s)	According to the calculations required by this statement:
Case Nu	ımber: (If known)	☐ The presumption arises.
	,	■ The presumption does not arise.
		(Check the box as directed in Parts I. III. and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

]	Part I. EXCLUSION FOR DISABI	LEI	O VETERANS	S	ND 1	NON-CONS	UM	IER DEBTO	RS
1A	Decla	If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.								
IA	§ 374 while	eteran's Declaration. By checking this box, I (1(1)) whose indebtedness occurred primarily I was performing a homeland defense activity	duri y (as	ng a period in whi defined in 32 U.S	ich S.C	I was . §901	on active duty (a (1)).	as de	efined in 10 U.S.	C. § 101(d)(1)) or
1B	the re	ar debts are not primarily consumer debts, che emaining parts of this statement.				•				
	□ De	eclaration of non-consumer debts. By check								
		Part II. CALCULATION OF M						•		
		tal/filing status. Check the box that applies a		•			•	emer	nt as directed.	
	a.	Unmarried. Complete only Column A ("Do	ebto	r's Income'') for l	Li	nes 3-1	1.			
2	r F	Married, not filing jointly, with declaration 'My spouse and I are legally separated under purpose of evading the requirements of § 7076 for Lines 3-11.	appl	icable non-bankruj	pto	cy law	or my spouse an	d I a	are living apart of	ther than for the
		Married, not filing jointly, without the decla					et out in Line 2.1	b ab	ove. Complete b	oth Column A
		("Debtor's Income") and Column B ("Spou					1 C . 1 D ///	g		P T * 2 11
		Married, filing jointly. Complete both Colugures must reflect average monthly income re						Spo 		
		dar months prior to filing the bankruptcy case							Column A	Column B
	the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						Debtor's Income	Spouse's Income		
3	Gross wages, salary, tips, bonuses, overtime, commissions.					\$	1,337.25	\$		
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.									
				Debtor			Spouse			
	a.	Gross receipts	\$	0.00						
	b.	Ordinary and necessary business expenses	\$	0.00 btract Line b from	_					_
	C.	Business income					1.00	\$	0.00	\$
	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.									
5	1			Debtor			Spouse			
	a.	Gross receipts	\$	0.00						
	b.	Ordinary and necessary operating expenses	\$	0.00	_			1		
	c.	Rent and other real property income	Su	btract Line b from	Li	ne a		\$	0.00	\$
6	Interest, dividends, and royalties.						\$	0.00	\$	
7	Pension and retirement income.				¢	0.00				

8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.	\$	0.00	\$		
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$	\$	0.00	\$		
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
	Debtor Spouse a. \$ \$					
	b. \$ \$					
	Total and enter on Line 10	\$	0.00	\$		
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	1,337.25			
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11,					
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	N				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. \$ 16,047.6					
Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: NV b. Enter debtor's household size:		1 5	5	45,642.00	
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	 ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. 					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULATION O	F CURRENT MONTHLY INCOME FOR § 707(b)	(2)				
16	Enter the amount from Line 12.		\$				
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
17	a.	\$					
	b. c.	\$ \$					
	d.	\$					
	Total and enter on Line 17						
18	Current monthly income for § 707(b)(2). Sub	otract Line 17 from Line 16 and enter the result.	\$				
	Part V. CALCULA	TION OF DEDUCTIONS FROM INCOME	-				
	Subpart A: Deductions up	nder Standards of the Internal Revenue Service (IRS)					

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at					
	www.usdoj.gov/ust/ or from the clerk of the bankrupto	\$				
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to					
	c1. Subtotal	c2.	Subt			\$
20A	Local Standards: housing and utilities; non-mortga ; Utilities Standards; non-mortgage expenses for the appavailable at www.usdoj.gov/ust/ or from the clerk of the	olicable co	unty a	nd household size. (7		\$
20B	 a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 					
	c. Net mortgage/rental expense			Subtract Line b fron		\$
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. A 10 11 12 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction fo					\$

	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two						
	vehicles.) □ 1 □ 2 or more.						
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation						
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	\$ \$ Subtract Line b from Line a.	s				
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter						
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	\$					
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,						
26	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as retirement Do not include discretionary amounts, such as voluntary 401(k) co	\$					
27	any other form of insurance.						
28	Other Necessary Expenses: court-ordered payments. Enter the total pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in Line 44.	\$					
29	Other Necessary Expenses: education for employment or for a phy the total average monthly amount that you actually expend for education education that is required for a physically or mentally challenged dependence providing similar services is available.	\$					
30	Other Necessary Expenses: childcare. Enter the total average month childcare - such as baby-sitting, day care, nursery and preschool. Do n	\$					
31	Other Necessary Expenses: health care. Enter the total average more health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts be	\$					
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.						
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. \$						

		Subpart B:	Additional Living Expense Deductions					
		Note: Do not include	e any expenses that you have listed in Lines 19-32					
		tegories set out in lines a-c below that a	Health Savings Account Expenses. List the monthly expenses in re reasonably necessary for yourself, your spouse, or your					
34	a.	Health Insurance	\$					
	b.	Disability Insurance	\$					
	c.	Health Savings Account	\$	\$				
	Total	and enter on Line 34.						
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:							
	\$							
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.							
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.							
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.							
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.							
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.							
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).							
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 \$							

			Subpart C: Deductions for D	ebt]	Payment		
42	own, and c amou banks	list the name of the creditor heck whether the payment in ints scheduled as contractual	ims. For each of your debts that is secure, identify the property securing the debt, and actudes taxes or insurance. The Average I ly due to each Secured Creditor in the 60 If necessary, list additional entries on a secure 42.	and st Montl mon	ate the Average Maly Payment is the this following the f	fonthly Payment, total of all filing of the	
	Name of Creditor Property Securing the Debt Average Monthly Payment include taxes or insurance?						
	a.			\$		□yes □no	
					Total: Add Lines		\$
43	motor your paym sums	r vehicle, or other property r deduction 1/60th of any amo tents listed in Line 42, in ord in default that must be paid	ms. If any of debts listed in Line 42 are s necessary for your support or the support out (the "cure amount") that you must paler to maintain possession of the property in order to avoid repossession or foreclos list additional entries on a separate page. Property Securing the Debt	of you y the . The	ar dependents, you creditor in addition cure amount would List and total any	n may include in on to the ld include any	
	a.				\$		
	Щ.					otal: Add Lines	\$
44	prior	ity tax, child support and ali	y claims. Enter the total amount, divided mony claims, for which you were liable a such as those set out in Line 28.				\$
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.						
45	a. b.	Current multiplier for you issued by the Executive (ly Chapter 13 plan payment. our district as determined under schedules office for United States Trustees. (This out www.usdoj.gov/ust/ or from the clerk o	f x			
	c.	1	strative expense of Chapter 13 case	To	otal: Multiply Line	es a and b	\$
46	Total	Deductions for Debt Payn	nent. Enter the total of Lines 42 through	45.			\$
			Subpart D: Total Deductions	fror	n Income		
47	Total	of all deductions allowed	under § 707(b)(2). Enter the total of Line	es 33,	41, and 46.		\$
		Part VI	DETERMINATION OF § 707	(b)(2) PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18	(Current monthly income for § 707(b)((2))			\$
49	Ente	r the amount from Line 47	(Total of all deductions allowed under	§ 707	(b)(2))		\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.					\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$	
	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of p statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						age 1 of this
- -	☐ The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remain						
		ne amount on Line 51 is at	least \$6,575, but not more than \$10,950). Cor	nplete the remaind	ler of Part VI (Lin	es 53 through 55).
53	Ente	r the amount of your total	non-priority unsecured debt				\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.						

	Secondary presumption determination. Check the applicable box and proceed as directed.								
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.								
		☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.							
	Part VII. ADDITION	NAL EXPENSE CLAIMS							
	you and your family and that you contend should be an addition	ot otherwise stated in this form, that are required for the health and welfare of ional deduction from your current monthly income under § separate page. All figures should reflect your average monthly expense for							
56	Expense Description	Monthly Amount							
	a.	\$							
	b.	\$							
	c. d.	\$ \$							
	Total: Add Line	7							
	Part VIII. V	TERIFICATION							
57	I declare under penalty of perjury that the information provide <i>must sign.</i>) Date: February 5, 2008	ed in this statement is true and correct. (If this is a joint case, both debtors Signature: /s/ Johnathan Hale							

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2007 to 01/31/2008.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: **\$8,215.52** from check dated **7/31/2007**. Ending Year-to-Date Income: **\$14,708.74** from check dated **12/31/2007**.

This Year:

Current Year-to-Date Income: \$1,530.26 from check dated _____1/31/2008 __.

Income for six-month period (Current+(Ending-Starting)): **\$8,023.48**.

Average Monthly Income: \$1,337.25.